IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

B.H., et al.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	No. 88 C 5599
	)	Hon. Jorge L. Alonso
BEVERLY J. WALKER, Acting Director, Illinois Department of Children and Family Services,	)	Judge Presiding
	)	
	)	
Defendant.	)	

THIRD TRIANNUAL INTERIM STATUS REPORT
ON THE B.H. IMPLEMENTATION PLAN

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INTRODUCTION AND OVERVIEW

DCFS hereby submits the Third Triannual Interim Status Report to the Court regarding the projects identified in the Implementation Plan. The reporting period for the Third Triannual Interim Status Report addresses the time period generally from April 2017 through August 2017. During this reporting period, DCFS experienced a change in leadership. Beverly J. Walker was appointed Acting Director of DCFS on June 23, 2017 [Dkt. 551, Notice of Substitution of Defendant Pursuant to Federal Rule of Civil Procedure 25(d)]. Acting Director Walker has wide-ranging experience in child and public welfare administration and system reform. Id.

DCFS continues to make progress toward reform. This is evident from the data in the immersion sites, which demonstrated increases in adoptions, guardianships and reunifications for youth in care. These increases in permanency in the immersion sites exceeded the rate of increase for adoptions, guardianships and reunifications in the balance of the state. The data from the immersion sites demonstrates that adoptions increased by 49% in the immersion sites and 37% in the balance of the state, guardianships increased by 185% in the immersion sites and 49% in the balance of the state and reunifications increased by 14% in the immersion sites, while declining by 14% in the balance of the state. Acting Director Walker has begun discussions with the Plaintiffs and the Expert Panel about reformation of the immersion site roll out process in accordance with the provision of the Restated B.H. Consent Decree, ¶68. See discussion infra, pp. 30-39.

Further progress is demonstrated by other projects, such as the Regenerations pilot, which continue to show promise. The Regenerations pilot, which targets dually involved youth who are ready for release from the Juvenile Temporary Detention Center in Cook County,

continues to demonstrate improvements in placing these youth in family and family-like settings and in the stability of these family and family-like placements. See discussion infra, pp. 22-28.

Another area of growth is with respect to the administrative, rulemaking and training related to subsidized guardianships, fictive kin and family findings. The rulemaking process to update the DCFS rules with the revised definition of fictive kin is in the final stages and all staff in the immersion sites have been trained on the new Procedure 315. The data with respect to permanency for older youth also shows promising trends. There was an increase in youth ages 12 to 17 that exited care through both adoption and guardianship in Fiscal Year 2017 compared to Fiscal Year 2016. See infra, pp. 39-42.

As with any reform effort, some projects continue to progress at a slower pace. These projects, however, also evidence promising trends. The Therapeutic Foster Care pilot was slow to get off the ground and recruitment and certification of homes has proven a challenge, but continues to show improvement. Notably, the "hybrid" model employed by Children's Home and Aid is identifying fictive kin and relative placements quicker than originally anticipated. The Therapeutic Residential Pilot Management Initiative, which was able to get teams in place in the pilot sites in advance of projected dates, has also experienced staffing challenges, however, those staffing issues appear to have been recently resolved. Preliminary data trends show a decrease in substantiated child abuse and neglect investigations in programs in the TRPMI pilot sites. See infra, pp. 52-59.

Detailed Status Report

The following provides the detailed report regarding the various initiatives that DCFS has undertaken pursuant to the Implementation Plan.

I. Application of Implementation Science to the Implementation Plan:

Utilize principles of implementation science to develop, implement, evaluate and modify initiatives outlined in the B.H. Implementation Plan.

1. Project Goals/Target: This Court's Order of July 11, 2016 [Dkt. 527] provides for DCFS's retention of the National Implementation Research Network (NIRN), to review and comment on DCFS's adherence to best practices in implementation science and assist with an assessment of DCFS's implementation capacity and strategy.

2. Status Report: During this reporting period, the parties have been discussing various ways to utilize the expertise of NIRN in the continued implementation of the various pilots. The parties were unable to schedule a meeting due to conflicting schedules and priorities. Mary Nam, the new DCFS Associate Director, Strategy and Performance Execution, previously worked with Dr. Metz during her tenure at the Administration for Children and Families in New York City. Ms. Nam is working to engage Dr. Metz in future meetings.

3. Revised Targets/Goals: An in-person meeting with Dr. Metz will be scheduled at which there will be further discussion of implementation science and teaming issues with respect to the B.H. Implementation Plan. In addition, Associate Director Mary Nam recently met in person with Dr. Metz.

II. Overarching Outcome Measures

1. Project Goals/Target: The Implementation Plan requires DCFS to measure safety, permanency and well-being of class members and to monitor changes in both the quality and quantity of services and supports to class members and their families. The metrics DCFS will use for measuring safety and permanency are the same measures used in the national Child and Family Service Reviews (CFSR), and the measures for well-being are based

on a matrix developed by the Child Welfare Advisory Sub-Committee. Implementation Plan, pp. 4-7.

2. Status Report:

Validation of Safety, Permanency and Stability Measures. The validation of the safety, permanency, and stability measures is nearly complete. After initial validation efforts were completed, errors were identified and submitted to Mindshare for corrections. In September 2017, Mindshare completed the corrections and DCFS began the second round of validation. Final validation of the safety, permanency and stability metrics are anticipated to be completed by November 2017.

Data with respect to children and youth achieving permanency through adoption, guardianship and reunification continue to trend upward. There were increases in overall permanency for children in youth during the first seven months of the calendar year in 2017 when compared to the first seven months of the calendar year in 2016. The largest increases were in adoptions and in guardianships. During the first seven months of calendar year 2017, there were 1069 adoptions completed compared to 803 during the first seven months of calendar year 2016. Likewise, during the first seven months of calendar year 2017, there were 272 guardianships completed compared to 189 during the first seven months of 2016. Notably, the number of youth exiting foster care without a permanency decreased from 878 in 2016 to 448 in 2017. Exhibit A, Four Month Status Report Overarching Outcome Measures July 31, 2017.

Permanency Achievement Comparing Total Exits by Type and Month for the First Seven Months of Calendar Year 2016 to the First Seven Months of Calendar Year 2017.

State

	ADOPTION		FAMILY		GUARDIANSHIP		PARENT		Total	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Jan	103	80	11	8	26	38	145	133	285	259
Feb	94	105	9	9	14	36	148	166	265	316
Mar	98	165	9	3	31	28	169	147	307	343
Apr	104	151	6	11	24	38	125	106	259	306
May	123	212	4	6	23	29	192	126	342	373
Jun	192	236	11	5	49	73	181	204	433	518
Jul	89	120	7	13	22	30	153	130	271	293
Subtotal	**803**	**1069**	**57**	**55**	**189**	**272**	**1113**	**1012**	**2162**	**2408**
Aug	148	0	13	0	24	0	197	0	382	0
Sep	164	0	9	0	34	0	189	0	396	0
Oct	130	0	3	0	34	0	130	0	297	0
Nov	187	0	4	0	26	0	145	0	362	0
Dec	183	0	13	0	41	0	195	0	432	0
Grand Total	**1615**	**1069**	**99**	**55**	**348**	**272**	**1969**	**1012**	4031	2408
Percent	40%	44%	2%	2%	9%	11%	49%	42%		

*An additional group of youth exited the system without a permanency, usually to independent living. Counts were 878 and 448 youth in calendar years 2016 and 2017, respectively.

Integration of CANS Data. The CANS 2.0 was integrated into SACWIS on August 2017.

IM CANS. DCFS decided to proceed with implementation of the IM CANS and that is scheduled to occur in March 2018.

Prioritization for Mindshare. The contract for the Mindshare platform is in place until January 2018 and DCFS is looking to extend that contract. DCFS has acquired software to develop dashboards in-house and a plan to train staff on the new software is currently being developed.

Validation of CANS Data. The database developed by DCFS and Objective Arts is functional. There was an initial challenge regarding the identification of cases due to the requirement to tap into the Integrated Assessment database, but that issue was resolved. The current plan is to upload cases once a week to the databases.

ISBE Data Integration into SACWIS: Individual child data from the Illinois State Board of Education (ISBE) has been integrated into SACWIS as of the beginning of October 2017. The integration allows DCFS and POS caseworkers and supervisors to link to an individual youth's education record for kindergarten through high school for any school that reports to ISBE. Exhibit B, ISBE Student Profile. The next step in the ISBE record integration will involve DCFS building a data warehouse that will contain the education records for youth in care, including those youth who have achieved permanency. The data warehouse will allow DCFS to obtain aggregate data on youth in care, such as the number of youth in care who graduated high school in 2016. The data warehouse is anticipated to be completed by the end of 2017. Exhibit C, Four Month Status Report, IT Projects.

Expansion of Access to the Mindshare Website Within DCFS. Training for additional DCFS staff on the Mindshare platform continues and project managers are trained as the dashboards for their projects are developed.

Private Provider Access to Mindshare. DCFS continues to explore options for developing and implementing the necessary protocol to allow private provider access to DCFS dashboards. There are significant technical and security issues that will need to be resolved in order to provide access to outside providers.

3. Revised Targets / Goals:

Validation of Safety, Permanency and Stability Measures. The final validation of the safety, permanency and stability measures is anticipated to be completed by November 2017.

Integration of CANS Data. Since DCFS completed the consolidation of the CANS application into SACWIS in August 2017, no new target or goal is required.

The Juvenile Protective Association and Northwestern will complete a data analysis of the metrics specifically related to the wellbeing measure in the Implementation Plan by June 15, 2017 and the initial findings will be issued by the end of the third quarter of Fiscal Year 2018.

IM CANS. The IM CANS will be implemented by March 2018.

Prioritization for Mindshare. DCFS continues its contract with Mindshare, which began in September 2015 and is scheduled to end in January 2018. DCFS is currently looking to extend the Mindshare contract regarding the dashboards. At the same time, DCFS will train staff on a software program that will allow DCFS to develop and maintain the dashboards internally.

ISBE Data Integration into SACWIS. The integration of individual child and youth data from ISBE was completed in October 2017. The next phase of the data integration will involve the creation by DCFS of a data warehouse of educational records that will allow for

aggregate data to be produced and analyzed. This data warehouse is anticipated to be completed by December 2017.

Expansion of Access to Mindshare Website Within DCFS. This has been completed.

Private Provider Access to Mindshare. DCFS continues to evaluate whether security concerns can be addressed to allow private provider access to the DCFS dashboards. DCFS is exploring other options to provide this data to private agencies, such as through other dashboards that are already in place, such as the Agency Performance Team dashboards, and through Tableau, a user friendly visualization tool. The State of Illinois has an existing contract with Tableau.

III. Implementation of Specific Recommendations of the Expert Panel

A. Panel Recommendation #1:

Institute a children's system of care demonstration program that permits POS agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting. Implementation Plan, pp. 7-25.

The Implementation Plan identifies four initiatives DCFS is pursuing in response to Recommendation # 1. The first is the Therapeutic Foster Care pilot (TFC) initiative. The second is the Case Management Entity pilot (CME). The remaining two are programs targeted to the needs of "dually involved youth" – the Regenerations pilot and Pay for Success. Each of these programs is discussed individually below.

B. Panel Recommendation #1: Therapeutic Foster Care Pilots

1. Project Goals / Target: The Implementation Plan calls for DCFS to select private agencies to implement evidence-based or evidence-informed therapeutic foster care programs over the next five years. The goal of the TFC pilot is to determine whether outcomes

for youth served in the TFC pilot programs are equal to or better than those for youth who meet the clinical criteria for residential treatment and are placed in residential treatment. Implementation Plan, pp. 8-13. At least 60% of the youth served in TFC licensed homes are to be age 12 and older. Implementation Plan, pp. 8-9.

DCFS set a two-year goal for the recruitment and licensure of therapeutic foster parents and placements. The original goal included placement of a minimum of 40 children and youth in licensed TFC homes at the end of the "first contractual year" (i.e. April 2018) and placement of a minimum of 100 children and youth at the end of the "second contractual year" (i.e. April 2019).

2. Status Report:

Development and Service Contracts. The development contracts were in place during the prior fiscal year and were not renewed.

The service contracts executed for Fiscal Year 2018 contain performance based payments to the private agencies for each new licensed and certified TFC home. Exhibit D, Four Month Status Report Therapeutic Foster Care; Exhibit E, Fiscal Year 2018 Contracts. The agencies also executed addendums to the service contracts which provides that the agency will be reimbursed on a pay-for-performance basis in the amount of $6,600 for each new TFC trained home made available to provide care in accordance with the program plan. DCFS will make a one-time up-front payment of $6,600 for each of the first two trained TFC homes within 60 days. The addendum further provides that the up-front payment will be returned to DCFS if new homes are not available by June 30, 2018.

The original plan was that CHASI would not be part of the pilot because CHASI was using a "hybrid" version of the TFC model to include home of relatives and fictive kin that would be monitored by DCFS but not officially included within the overall TFC evaluation.

However, this original plan was modified after a determination by DCFS, Chapin Hall and CHASI that CHASI had a viable model and therefore it should be included in the evaluation of the TFC model. A separate logic model was created for CHASI and the tracking sheet was also modified in some respects. Exhibit F, CHASI Logic Model and TFC Logic Model: Deflection and Step-Down.

TFC Placements. DCFS, along with Chapin Hall, created one uniform tracking sheet that each agency submits on a bi-weekly basis which contains information on recruitment, training, licensing and certification of foster parents, referrals of youth to agencies and the acceptance, denial and placement of youth in TFC homes. Exhibit G, Tracking Sheet Summary.

As of August 31, 2017, 19 youth have been placed in TFC homes; 11 of the youth placed, or 57.9% of the youth placed in TFC homes are 12 years of age or older at the time of placement and 8 of the youth, or 42.1%, are less than 12 years of age or younger at the time of placement. LSSI had one youth who was hospitalized on June 30, 2017 and was transitioned to a higher level of care upon discharge. That minor was placed in a residential treatment facility on September 20, 2017.

Ten of the youth are placed in LSSI TFC homes, three of the youth are placed in YOS TFC homes and one youth is placed in a JCFS TFC home. Five of the youth are placed in CHASI homes with relatives.

TFC Foster Parent Recruitment. LSSI has 16 certified TFC homes, YOS has four certified TFC homes and JCFS has three certified homes. LSSI has seven homes that are currently available for placement and have five foster families in the pipeline for either licensure or certification. Families who are in the "pipeline" are families who have expressed more than a mere interest in being licensed and certified as a TFC certified homes. These families have completed licensing applications, are awaiting background

clearances and are either in training or near completion of the required trainings. YOS has one TFC home that is being used for respite purposes only. YOS has case management responsibility for two other TFC homes, but the youth in those homes are both currently in detention. The plans for those youth, pursuant to court orders, are for those youth not to return to their prior foster placements. YOS had another TFC home that requested to be taken off intake due to personal family issues. YOS has three foster families in the pipeline: one is waiting background check clearances, one is currently in Foster Parent PRIDE Training and another is preparing to take the Foster Parent PRIDE Training.

JCFS has one youth in a TFC placement and two TFC foster homes available for placement. JCFS has one foster parent who transferred her foster home license to JCFS and is enrolled in specific TFC training, and also has another foster parent who is licensed and interested in the TFC certification but has not yet begun training.

CHASI's recruitment activities are different than the other agencies because they are looking to place youth with relatives and fictive kin. CHASI has five youth currently placed in their version of TFC homes. CHASI has accepted an additional four youth for placement and these are youth that are either in CHASI residential facilities or for whom CHASI has case management authority and are youth that CHASI has committed to placing in their TFC program. CHASI has also identified four youth that will be placed in November 2017.

TFC Referrals and Eligibility. The timeline between referral to a TFC agency and placement continues to be an issue, which DCFS has taken a number of steps to address. The referrals for the youth who may be eligible for a TFC placement are monitored by the DCFS Central Matching Unit and DCFS Pilot Manager for TFC. For a short period of time, TFC did not receive referrals as the agencies were identifying homes for placement. Also Central

Matching would continue to review youth who still were in need of placement to see if they met the criteria for TFC. After discussions about this issue, TFC began to receive referrals for presentation to the agencies.

Another factor is the time lapse between the agency receiving the referral, the time for accepting/ denying the referral, and if accepted the time for placement. DCFS is working with the BH experts in trying to implement strategies to address this concern.

Each youth who is considered for TFC has a score of 5 on the CASII. DCFS Clinical staff have agreed to provide assistance on youth who may not have a CASII and will work with the current placement of the youth to schedule and complete the CASII assessment.

DCFS also works with the Therapeutic Residential Program Monitoring Initiative (TRPMI). This collaboration allows the TFC providers to embed themselves in standard residential discharge procedures for eligible TFC youth so that the additional screening, assessments, and requirements specific to each TFC provider can co-occur with the residential discharge process. If a youth meets the TFC criteria and eligibility, the agency who is reviewing the referral will participate in staffings/ meetings pertaining to the youths step down needs. This allows for the receiving agency to have all current and up to date information on the youth to be considered for matching to a TFC foster home. At the end of this reporting period, no youth identified by TRPMI has been placed in a TFC home.

To address the concern that no youth identified by TRPMI have been placed in TFC homes, the logic model has been revised and the DCFS Clinical Unit has agreed to complete the CASII assessment to attempt to facilitate this process. TFC providers have also increased their efforts to work closely with case managers and Centralized Matching staff to identify youth who may be matched with a residential treatment facility but who can also be considered for a TFC placement. This is being done by having the TFC case managers for the agencies ensure that they

have complete packets regarding the youth during the placement consideration phase. Also the TFC agencies will participate in any meetings or staffings for a youth who is being considered for a TFC placement. This will include attending court dates as well to attempt to obtain all of the relevant information regarding the youth so that that information can be considered during the placement process.

TFC Evaluation. During this reporting period, a number of changes were made to the evaluation design for the TFC pilot, after consultation and approval of the Expert Panel. The most significant change include a decision to conduct three separate evaluations to clearly distinguish the three TFC target populations -- step-down from residential, deflection from residential and CHASI model. The step-down from residential population includes youth who are currently placed in a residential treatment facility and who score a 5 on a CASII conducted within 90 days of the TFC referral; the deflection population include youth who are not currently in residential care, but who score a 5 on a CASII conducted within 90 days of the TFC referral; and the CHASI population includes youth ages 12-17 in Cook County who are currently in residential care and are ready to step down from residential care to the community, though CASII is not used for CHASI referrals.

The second change involves a decision to focus strictly on DCFS administrative data to examine outcomes differences instead of using survey data when it became apparent that the TFC Pilot is, in fact, three separate evaluations. After consultation with BH expert Dr. Mark Testa, a decision was made that DCFS administrative data can be used to operationalize safety, permanency, and well-being outcomes for both the TFC intervention groups and the control groups, and that DCFS administrative data would be a robust data source for the TFC Pilot evaluation. This provides a more accurate reflection of the number of youth placed in TFC. For the step-down and deflection evaluations, the DCFS administrative data will be used to compare

outcomes between the TFC intervention groups and the residential care comparison groups. For the CHASI evaluation, administrative data will be used for a comparison of home of relative or home of fictive kin, or adolescent foster care. The outcomes in the logic model have been revised to measure progress over an extended period while focusing on particular areas of youth safety, permanency, and well-being. Proximal outcomes (safety) will seek to decrease the percentage of youth with one or more substantiated investigations. Intermediate outcomes (permanency) will seek to increase the percentage of discharges to family and fictive kin caregivers, increase percentage of discharges to permanency from TFC/residential care, and track the length of stay in TFC/residential care. Distal outcomes (well-being) will seek to decrease the percentage of days in detention, psychiatric care, and runaway during TFC/residential care and within 6 months of TFC/residential care discharge and decrease the number of placement moves per day in care within 6 months of TFC/residential care discharge. Additionally, the distal outcomes will seek to improve traumatic stress symptoms, emotional/behavioral needs, risk behaviors, and social functioning per CANS.

3. Revised Targets / Goals:

Expansion and Service Contracts. Service contracts are in place for Fiscal Year 2018 and those contracts were issued in the regular course of the fiscal year contracting process. There was no delay in the processing or execution of the service contracts for FY18. There have been no concerns expressed for this reporting period regarding contractual issues.

TFC Placements. The revised placement goals and timeline for the TFC pilot remains as stated in the Implementation Plan and prior reports to the Court -- a minimum of 40 children and youth in licensed TFC homes by April 1, 2018 and to have placement of a minimum of 100 children and youth by April 1, 2019, with at least 60% of the youth served in the age group of 12 and older. DCFS is on target for the April 2018 goal, even if the

providers have not satisfied their anticipated numbers of licensed and certified homes and placements set for September 30, 2017. There have been no new goals identified for the providers during this reporting period.

TFC Foster Parent Recruitment. DCFS has received foster parent recruitment plans from LSSI and JCFS and continues to monitor closely the progress of the three agencies to recruit and certify TFC foster homes to meet these revised deadlines. CHASI does not have a foster parent recruitment plan given the "hybrid" model they are implementing. The placements for CHASI are home of relative and/or fictive kin placements and are identified through other efforts, such as family findings, and not through recruitment. CHASI does provide DCFS information on a monthly basis on family members that are trained in the hybrid model for each youth who is accepted into a CHASI home trained in the hybrid TFC model. CHASI accepts youth who are ready to step down from residential care; meaning they no longer need the intensive services of residential placements.

It is anticipated that the performance based payment for the licensure and certification of foster homes will assist in recruitment efforts.

TFC Referrals and Eligibility. DCFS continues to monitor the referral and eligibility process to ensure timeliness in the decision and placement process and this information is reported monthly to the DCFS Project Manager. It has taken the TFC agencies longer than the five to seven days to decide whether they will accept a youth for placement into a TFC home and additional time is often required to actually get the youth placed in the home. The identified barriers for this process include the time for gathering information regarding the youth, time to actually interview the youth and time to engage the residential facilities in the TFC process. To address this issue, the DCFS project manager and Central Matching Unit staff have weekly

phone calls with the TFC agencies regarding the referral process. The discussions include any clinical and referrals issues that might arise such as coordination of therapy and school issues.

The TFC project manager is also attending a variety of internal DCFS meetings to discuss the TFC project and address questions that field staff have about the TFC pilot. The TFC project manager has also attended meetings with the developers of the various TFC models. This process has assisted in explaining the various TFC models to staff, including foster parent support specialists and caseworkers.

Discussions have also been held internally with CIPP and the Clinical Division in order to ensure that appropriate youth who meet the eligibility requirements for TFC get referred for Residential/ TFC concurrently. This allows the youth to be reviewed for residential placement if no TFC home is available and vice versa; it is hoped that this will decrease the length of time a youth is waiting for placement. The DCFS Clinical Division has also agreed to complete CASII scores on youth to determine their level of care need.

C. Panel Recommendation #1: Care Management Entity

1. Project Goals / Target:

The planned goals for the Care Management Entity (CME) pilot include: increasing non-traditional, community-based behavioral health supports; faster step-downs for youth in congregate care settings; treating youth and family voice and choice as primary factors in permanency planning and mental health/behavioral health interventions; placement of youth in specialized foster care or congregate care settings rather than residential treatment facilities; increased placement stability at the foster care level; high service-intensity youth receiving necessary behavioral health supports and services in their home and community settings; decreased psychiatric hospitalization; and increased permanency.

The CME pilot, which is administered through Choices, began in February 2014 and is now scheduled to continue through June 30, 2018. The goal of the pilot was to serve 200 youth annually and 600 youth during the course of the pilot. See Implementation Plan, p. 19. The target established in the last reporting period was for DCFS to revise the program plan with Choices to address issues regarding aftercare services, disenrollment (discharge) expectations and outcome data. Additional planned changes included a requirement for aftercare services and maintaining youth in the CME until permanency is achieved and DCFS is no longer the legal guardian of the youth. Second Triannual Report at p. 14-15 and Exhibit H, Four Month Status Report, Care Management Entity Pilot Update. In addition, it was anticipated that a monthly census of approximately 160 youth will be served through the CME pilot during FY 2018.

2. Status Report:

Extension of the Pilot in FY18: It is anticipated that a Medicaid managed care program will be implemented for the children in DCFS' care beginning as of Fiscal Year 2019; the Choices program will be superseded by that managed care program. DCFS accordingly has determined that the CME model should remain in pilot status during Fiscal Year 2018. DCFS and pilot staff continue to plan for ongoing service provision to youth upon the conclusion of the pilot period. Managed care will provide for the needs of the child to the extent there is Medicaid coverage. DCFS will be prepared to provide those services which are not covered by Medicaid. Exhibit H.

Children Served. The CME pilot has served approximately 370 youth in care through August 31, 2017. As of July 31, 2017, 164 youth in care were being served in the CME pilot. Exhibit H.

Mobile Crisis Response Services. Mobile Crisis Response Services have had a positive result. Between April and July 2017, the available data shows that there was a generally lower

hospitalization rate for youth in care who were enrolled in the CME compared to those not enrolled in the CME pilot area. Exhibit H at p. 7.

April 2017	**Non-Choices Enrolled DCFS Youth**	**Choices Enrolled DCFS Youth**	**TOTAL**
Number of Unique Youth	14	10	24
Hospitalizations	5	2	7
Crisis Screenings	19	10	29
Hosp Rate	26.3%	20.0%	24.1%

May 2017	**Non-Choices Enrolled DCFS Youth**	**Choices Enrolled DCFS Youth**	**TOTAL**
Number of Unique Youth	11	5	16
Hospitalizations	2	2	4
Crisis Screenings	16	5	21
Hosp Rate	12.5%	40.0%	19.0%

June 2017	**Non-Choices Enrolled DCFS Youth**	**Choices Enrolled DCFS Youth**	**TOTAL**
Number of Unique Youth	10	5	15
Hospitalizations	6	2	8
Crisis Screenings	12	10	22
Hosp Rate	50.0%	20.0%	36.4%

July 2017	**Non-Choices Enrolled DCFS Youth**	**Choices Enrolled DCFS Youth**	**TOTAL**
Number of Unique Youth	10	6	16
Hospitalizations	7	1	8
Crisis Screenings	13	6	19
Hosp Rate	53.8%	16.7%	42.1%

This data reflects that the hospitalization rate for youth enrolled in the CME has been lower than for other youth in care who have been screened, with the exception of May 2017.

Resource needs: Development of resources was addressed in the early phase of the CME pilot. A series of meetings was held in the summer of 2015 to discuss service deficits. DCFS, DMH, HFS, and the Youth and Family Peer Support Alliance met with community based providers and parents in the community to discuss what service areas needed to be addressed. Key feedback from this meeting included the need for crisis respite, crisis support, intensive in home services, and youth peer supports. As a result of these meetings, services were developed and rolled out. These have been added to the Choices provider network. Some of these services, including intensive in home clinical support, were introduced more slowly in order to train community providers to implement services.

Addressing Program Barriers. Monthly meetings with DCFS, private agency partners, and the CME, have continued to be an effective means of addressing concerns. Meetings were convened on May 30, 2017, June 27, 2017, and August 3, 2017. Discussion at the meetings included: role clarity between care coordinators and caseworkers; availability of services; and specific examples of systemic challenges that were being experienced by caseworkers and care coordinators. For example, it was made clear that many of the child welfare stakeholders were not aware of the number or types of services that the CME has access to. The CME had an existing online list of services that took several steps by the user to get to the information desired. In response to the discussion about the awkward path to obtain information, the CME created easier access to an online provider list that is clearer to navigate.

Two to three cases were identified by each child welfare agency for review at the meetings. These were cases in which intensive service needs were present or there were escalating situations, such as heightened mental health needs, that could affect placement or

permanency. The CME had not been considered a primary resource that caseworkers identified as a resource when their cases became challenging. The group focused on the individual cases to address the specific barriers in those cases. Exhibit H, pp. 3-4.

Renewed Focus on Stepdown Placements. The 52 youth who are enrolled in the CME pilot, placed in a congregate care setting, and waiting for a step-down placement were selected for qualitative review of the involvement of the Child and Family Teams to examine and improve the transition of youth to a less restrictive setting if clinically appropriate. These youth are being reviewed by the Program Supervisor and the downstate Behavioral Health Specialist, prioritized based on the length of the youth's stay in a congregate care setting. The reviews involve participation by the Program Supervisor and Behavioral Health Specialist in upcoming CFTMs to identify additional resources and/or non-traditional supports and services required to either immediately step the youth down, or further prepare them for step down into less restrictive settings. Because the expected outcome was a faster rate of step down, DCFS is examining what occurs in the CFTMs for youth in residential care and also what Choices can offer as supports for potential placements for these youths. For youth who overlap between CME enrollment and placement in a TRPMI identified residential facility, collaboration on these steps continues. A recent review of these youth showed they were either moving to a less restrictive setting within a short time or had not been identified as appropriate for stepdown at this juncture. Exhibit H, p. 8.

2. Revised Targets / Goals:

Extension of the Pilot. CME will remain in pilot status during FY 2018.

Children Served. The goal for FY 2018 is for Choices to maintain a monthly census of 160 children.

Transition to Medicaid Managed Care Program. As the transition to Medicaid managed care progresses, the Project Manager plans to convene internal meetings as well as meetings with the Expert Panel, Plaintiffs' counsel and other DCFS division representatives. General topics for discussion at those meetings will include decision-making for services to meet the unique needs of child welfare involved families, communication between the MCO and the child welfare staff and the manner in which conflicts will be resolved. DCFS acknowledges that all work for children and families must be centered within the Child and Family Team and be family-driven. The lessons learned from the Choices pilot include the fact that the child welfare staff and MCO need to both know and acknowledge who will do what for a family and that the decisions need to be driven by the family. Other lessons learned include the need for consolidation of activities, guidelines for payment of services, and collaboration. These areas will also be included in the topics of ongoing discussions as the MCO process continues to roll out.

1. Clarity of role and function of the Care Management Entity and child welfare. Managed care is to bring the full array of Medicaid services to the child and family team.

2. The MCO must have a full array of physical and mental health services developed prior to work with DCFS clients. These services must be available in all areas of the state.

3 Education of child welfare community partners regarding the MCO partnership, such as judges, State's Attorneys, probation departments, Guardians ad Litem, CASA, school/education, and law enforcement, needs to occur before the launch of the MCO working with DCFS.

Court Outreach. DCFS staff will schedule meetings with court personnel from Champaign, Ford and Iroquois counties involved in the CME pilot during the next reporting period to continue to educate the various court systems on available programs and services.

Pilot Evaluation. The target date for evaluation of the program through Fiscal Year 2017 has been modified to November 2017 due to the time needed to educate the assigned researcher regarding DCFS information systems.

D. Panel Recommendation #1: Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center

1. Project Goals / Target:

The Regenerations pilot is designed to provide placements and intensive services to DCFS youth in care, 12 to 18 years old, who are also involved in the juvenile justice system and are ready for release from the Juvenile Temporary Detention Center (JTDC). Implementation Plan, pp. 20-22. The program provides traditional mental health services, care coordination, foster care services (if needed) and individualized home and community based services through a wraparound philosophy. Id. The Regenerations pilot is a collaborative effort with the JTDC, Cook County Juvenile Probation, Lutheran Child and Family Services (LCFS), Youth Advocate Programs (YAP), and the University of Illinois at Chicago (UIC). See Exhibit I, Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center Four Month Status Report, August 30, 2017; Exhibit J, DCFS Regenerations RUR/Pilot Logic Model August 18, 2017. The program goal was to serve 65 youth. There was no deadline specified in the Implementation Plan for reaching that level of service, however the pilot was scheduled to be completed in June 2017. Implementation Plan, p. 21.

2. Status Report:

Program Conversion. The Regenerations pilot will continue through Fiscal Year 2018. Since the pilot was fully implemented in Fiscal Year 2017 and it took longer than expected to get comparison data, the decision was made to continue the pilot through Fiscal Year 2018 and to have a final evaluation report by the end of Fiscal Year 2018. Beginning in February 2017,

DCFS was to implement specific strategies to ensure that the service data and the billing data for youth served through the pilot project are reconciled. The billing and service data has not yet been reconciled. DCFS is still in the process of addressing this matter by reviewing specific cases that have billing discrepancies. Billing discrepancies have not impacted service delivery and are being addressed by DCFS. The service data entry challenges are related to the lag time between when the service is provided and when the data is entered on the service provided into the appropriate data base. Data entry has improved and will be consistently evaluated for improvement. Billing data has been reconciled for Fiscal Year 2017; service data is still being worked on for completing data entry.

As of Fiscal Year 2018, YAP will serve as an independent contractor with DCFS. YAP will continue to collaborate with LCFS and provide intensive advocacy support for current Regenerations youth. YAP is planning to expand to serve other high risk youth outside of the Regenerations pilot by hiring additional staff for an increase in capacity for the next fiscal year. YAP and LCFS are working on a memorandum of understanding to be completed before the commencement of Fiscal Year 2018 related to each entity's responsibilities. YOS is no longer being considered as an independent contractor. More agencies were added because LCFS has limited capacity for youth and there is a need for additional homes. Exhibit I, p. 4. LCFS and YAP have worked in tandem on the Regenerations project even before the pilot was created. YAP was a sub-contractor of LCFS. In Fiscal Year 2018 YAP became an independent contractor and is no longer a subcontractor of LCFS. There is a memorandum of understanding between YAP and LCFS that describes the responsibilities of each agency.

Two case management/foster care providers have been added to expand support to youth identified as RUR or with Target Release Dates. These two new providers – NYAP and ChildServ – will not be evaluated as part of the Regenerations Pilot. DCFS contracts with

NYAP and ChildServ so that there are additional placements available for RUR youth when LCFS and YAP do not have capacity but there are court orders that require that youth be released from detention. Youth are considered part of the Regenerations pilot if they are served by LCFS and YAP pursuant to the original Regenerations pilot. YOS will not be added to the Regenerations pilot; YOS is already working on Pay for Success.

Foster Parent Recruitment. LCFS has a foster home recruitment plan. LCFS submitted a draft recruitment plan in June 2017 and the plan projects that 20 new homes will be added by the conclusion of Fiscal Year 2018. LCFS began additional recruiting in June 2017. A recruitment event is planned for October 2017. Although LCFS and YAP are the main parts of the Regenerations pilot, there are limitations to placement resources that are needed from other agencies. The additional agencies are expected to develop between nine and 14 more specialized/dually involved foster home beds within the next six months.

Wraparound consultants. LCFS and YAP are working together to schedule ongoing wraparound training for direct service staff involved with Regenerations pilot. YAP has identified the consultant. LCFS and YAP continue to work on the training that is required. LCFS and YAP have committed to setting a training schedule by December 31, 2107.

Output Data Analysis. According to output data analysis, there is substantial evidence that providers are ensuring CFTMs are scheduled with consistent frequency and there is inclusion of all the child's invested stakeholders at CFTMs, advocates are spending considerable time with youth on a weekly basis, the majority of youth have an individualized service plan and crisis intervention services in place if needed, and parents are engaged in their child's education. Exhibit I, pp. 6-10. The pilot went from reporting on three metrics in the previous four-month status report to 12 output metrics and six outcome metrics in this four-month status report. Twenty output measures in total are being assessed on a monthly basis. Chapin Hall provides

monthly data metric reports, line graph and data charts of how many CFTMs occurred, and whether the number met the threshold of .33 CFTMs per month per child. The data provided in the four month status report is a culmination of monthly reports. See Exhibit I.

The status of whether there remains an increase in residential placements of youth pursuant to court orders and how that impact(ed) Regenerations ability to place youth is unclear. Chapin Hall has found that there are fewer youth referred to residential treatment placements as compared to the comparison group. There is a significant waiting list for youth recommended or ordered to residential treatment placements (60 to 90 days) due to limited bed capacity.

Regenerations data was to be incorporated into the Mindshare platform within this reporting period, and DCFS anticipated that it would begin tracking outcomes for the youth who have been served to date, with a particular focus on stability and safety. This was not accomplished during this reporting period. However, comprehensive data is available through Chapin Hall, which is the data keeper for the Regenerations pilot at this time.

3. Revised Targets / Goals:

The pilot project capacity goal was to serve an active caseload of 65 youth. Since inception of the pilot, July 1, 2015, and through August 15, 2017, 73 youth have participated in the pilot. The comparison report looks at outcomes related to these 73 youth. Exhibit I. DCFS will request a final evaluation report from Chapin Hall to be completed by July 31, 2018.

DCFS achieved a goal of involving additional case management agencies (National Youth Advocate Program (NYAP) and ChildServ) and reduced the number of days youth are beyond RUR and increased home and community based settings from detention. NYAP and ChildServe are not included in the pilot evaluation, but are assigned RUR cases. The purpose of involving these other agencies was to allocate additional service capacity for RUR cases than what LCFS/ YAP alone had capacity to serve.

Program Evaluation. The goal of providing a comparative data analysis using a historical comparison group has been met. During this reporting period, Chapin Hall was able to develop an historical comparison group using fiscal years 2014 and 2015 for cases that were "RUR to DCFS" during their detention stays at the Cook County JTDC. Exhibit I includes comparison group data. References to the comprehensive analysis and historical comparison are one and the same. Below are some of the key findings of the pilot group versus this comparison group (Exhibit I, pp. 2, 5):

- The comparison group on average had a shorter wait (19.9 days) than the Pilot youth (39.0 days) from RUR to JTDC release, however, the Pilot group had a higher percentage of youth released from JTDC to family or family-like settings (64.3%) than the comparison group (28.4%).

- The Pilot group also had a lower percentage of youth released from JTDC to residential care (21.4%) than the comparison group (35.5%). Among the youth released from JTDC to family or family-like settings, the Pilot group had a lower percentage of youth who had a next placement in residential care (6.7%) than that of the comparison group (30.0%).

In terms of total placement moves after exit from detention, not controlling for follow-up time after release from JTDC, the Pilot group had a lower average number of placement moves (3.6 times) than the comparison group (7.8 times). This preliminary analysis does not control for follow-up time. See Exhibit I. Placement moves were counted irrespective of the "placement type" as defined in DCFS placement type codes.

Data Reports. Chapin Hall administers monthly data reports at the monthly Regenerations Implementation Team meetings in order to provide real time feedback regarding certain program outputs (e.g., average advocate service hours per week, parent/child/sibling visitations per week, etc.) associated with the fidelity of the pilot's service model. The providers continue to struggle with submitting data to SharePoint and SACWIS in a timely manner by both YAP and LCFS staff. Continued attention to this concern by DCFS and Chapin Hall staff in the

monthly implementation meetings through a review of outstanding data submissions have moderately decreased these issues. However, there is an understanding that continued monitoring of this concern must be an ongoing priority by all parties.

Dashboard. The date for completion of the Regenerations dashboard is not yet determined, but this dashboard is in development phase with the assistance of outside consultants as part of a development of a larger information collection system. Further information concerning a date for completion of the dashboard will be provided in the next reporting period. However, as discussed above, Chapin Hall is providing data on a monthly basis.

Final Report. Chapin Hall will prepare a final Regenerations report at the conclusion of Fiscal Year 2018, the final year of the pilot.

E. Panel Recommendation #1: Illinois Pay for Success Pilot for Dually-Involved Youth

1. Progress Goals / Target:

The Illinois Pay for Success Pilot, directed to youth dually involved in the child welfare and juvenile justice systems, was designed to reduce recidivism and increase placement stability, educational achievements and employment opportunities. The goal for the Illinois Pay for Success pilot remains unchanged from the Second Triannual Report: to fund the pilot through a social impact bond, by which private funds are used to pay for the pilot services. Implementation Plan, pp. 22-25. The current goal is to serve 800 youth in the treatment group and 800 youth in the control group over four years.

2. Status Report:

Funding. The fundraising goal has been extended from July 31, 2017 until October 1, 2017. During this reporting period, the target fundraising amount has been adjusted from $17 million to $6 million dollars, with the state to fund the remainder amount. The original

fundraising plan was for CCN to put $17 million into an escrow account with the State to make payments and draw down from the escrow. CCN experienced difficulties in raising funds. The State agreed to adjust the fundraising goal to $6 million dollars. In addition, at the behest of CCN, the plan was adjusted to place the funds in a guaranteed fund rather than an escrow account. The need for supplemental funds was not anticipated until the fundraising goal was adjusted downward this reporting period. In order to continue the pilot, the State agreed to provide supplemental funds. The status of fundraising will be reviewed in mid-September, 2017. Exhibit K, Illinois Pay for Success Pilot for Dually-Involved Youth, Four Month Status Report, August 31, 2017.

Youth Served. The current goal is to serve 800 youth in the treatment group and 800 youth in the control group over four years. The four year period began in November 2016. There are currently 42 youth receiving services as part of the pilot in Cook, Lake, Franklin and Jefferson counties. The pilot has accepted an additional 25 youth since the last reporting period.

A total of 95 youth have been served by the project. Fifty-three of the youth were served during the ramp up period and will not be part of the evaluation that will be conducted at the end of the three year evaluation period. The ramp up phase was used to create the systems, including intake, referral pathways, database, communication lines between the Department agencies and CCN, staffing and training of the Wrap facilitators, and other evidence based therapies. Forty-two youth (including the 25 youth served during this reporting period) have been served during the pilot and will be evaluated at the end of the evaluation period.

Evaluation. The Second Triannual Report stated that the University of Michigan would not be evaluating the program performance during the ramp up phase since the purpose of the ramp up phase was to develop and work out system-related issues. There will be an evaluation as planned after three years, but not on the 53 youth in the ramp up phase.

In addition, due to the amount of time required to develop the pilot, the Department decided to evaluate the ramp up youth for any trends or results. The Department asked the University of Michigan, the pilot evaluator, to prepare an evaluation of the 53 ramp up youth compared to the control group during that time. The evaluation and a description of the interventions utilized are attached. Exhibit K, Illinois Pay for Success Pilot for Dually-Involved Youth, Four Month Status Report, Attachments A and B, August 31, 2017. The evaluators concluded that the results are positive. The evaluation design for the ramp up youth was to evaluate one year after participation in the program to see if there are any trends in placement for the ramp up youth. The summary of those findings is below and the evaluation is attached along with a description of the interventions. Exhibit K at pp. 1-2 & Exhibits A and B. Those findings are as follows:

- 21% decrease in congregate care days for youth in treatment group compared to control group;
- 58% decrease in detention days for youth in treatment group compared to control group;
- The overall risk of having even one day in congregate care decreased by 22% for the treatment group;
- The overall risk of having even one day in detention decreased by 17% for the treatment group.

3. Revised Targets / Goals:

Funding. Securing funding remains an ongoing challenge. Both DCFS and the Governor's Office continue to provide support to CCN in their fundraising presentations. If CCN's fundraising goal of $6 million is not met, the goal is to be reconsidered during the next reporting period. The downward adjustment from $17 million to $6 million was based on CCN's assessment of its fundraising capacity.

Youth Served. The current goal remains to serve 800 youth in the treatment group and 800 youth in the control group over four years.

Program Refinement. As noted in the Second Triannual Report, CCN raised concerns about delayed referrals of youth who may be eligible for the program due to lack of timely completion of Unusual Incident Reports (UIRs). DCFS had identified this as a system-wide issue and replaced the UIR system with the Significant Event Reporting System (SERS). SERS is linked to the SACWIS system and provides timely updates to significant events that occur in a youth's case. CCN can access the information directly from SERS. This alleviates delay in referrals to CCN. DCFS will continue to monitor SERS to ensure that the change from the UIR system to SERS has addressed the problems identified in the UIR reporting system. Work continues on automating this function.

Dashboard. The Pay for Success dashboard was tested and validated by the University of Michigan during this reporting period.

F. Panel Recommendation #2

Create four "immersion sites" of small geographic areas that coincide with judicial circuits to fully build, test and implement a core practice model that puts children and families at the center of service planning and builds community and home-based services for children and their families. (Implementation Plan at pp. 25-38).

1. Project Goals / Target:

Immersion sites are test or pilot sites representing a small geographic area where youth, birth parents, foster parents, DCFS staff, private agency staff and multiple other stakeholders work together to fully build and implement a "core practice model" of child welfare practice that puts children and families at the center of service planning and builds community and home based resources to service children and families. To date, the immersion site process has started in four cities: Lake County, St. Clair County, the Rock Island area (including Rock Island, Whiteside, Mercer, and Henry counties), and the five "Mount Vernon area" counties (Clay,

Hamilton, Jefferson, Marion, and Wayne). Exhibit L, Four Month Status Report: Immersion/Innovation Sites Pilot, August 31, 2017.

MoSP Training. The delivery date for the Model of Supervisory Practice (MoSP) training was November, 2017, but has been extended to December, 2017. The training will include a combination of classroom training and individual coaching. Initial presentation of the training in Immersion sites is currently scheduled to begin in December. A training schedule remains to be developed during the next reporting period.

CFTM Training. In June 2017, one day Leadership Summits were scheduled in each Immersion Site. The first round of CFTM training was planned to commence in July or August 2017 in each Immersion Site.

QSR Training and Implementation. The CWG contract also provides for training and support for the QSR process. CWG recommends that the training be done in parts: an initial training, participation in an on-site review and, after the conclusion of three on-site reviews with the participation of a CWG mentor, additional advanced training that will prepare them to become a mentor/trainer in the QSR process going forward.

Office Realignment with Judicial Circuits. DCFS developed a plan to align regional and field offices with judicial circuits. It was anticipated that the plan would be ready for review by the Director and for union negotiations by March 31, 2017.

Restructuring and Decentralization. DCFS continues to work on structural issues to better align with practice goals and expectations in the Immersion Sites.

2. Status Report:

DCFS has experienced increases in adoption and guardianships across the state and in the immersion sites[1] since the submission of the First Triannual Status Report to the Court.

- Adoptions increased by 37% in the balance of the state and increased by 49% in the immersion site.
- Guardianships increased by 49% in the balance of the state and increased by 185% in the Immersion Sites.

Reunifications also increased by 14% in the immersion sites. However, reunifications decreased in the balance of the state by 14%. Exhibit L.

Maltreatment in Care per 100K Days:

The immersion sites demonstrated an improvement in maltreatment in care per 1000 days over the past year. The current rate of maltreatment in care per 100K days is 4.44/100K days, an improvement from the prior rate of 8.51/100K days in foster care. There was also improvement in this measure statewide from 5.3/100K to 5.07/100K days, however this improvement was not as large as the improvement in the immersion sites. Exhibit L.

Stability in Care per 1000 Days: There was also improvement in the stability in care measure. As with the other measures listed above, the improvement in the immersion sites was greater than in the balance of the state. The rate of moves in the immersion sites improved to 2.78 moves/1000 days from 3.98 moves/1000 days while the rate of movement in the balance state demonstrated less improvement and went to 2.93 moves/1000 days from 3.8 moves/1000 days. Exhibit L.

Procedure 315: Training on Procedure 315 has been provided to all individuals required to have this training. Exhibit L.

FTS: 98.6% of the required individuals have been trained. Exhibit L.

[1] This analysis is based on overall performance data for non-Cook and non-Immersion site balance of the state downstate counties as a comparison group for the Immersion/Innovation sites. Exhibit L.

MoSP: MoSP training is projected to begin in December 2017. The goal of the MoSP training will be to train and coach supervisors on effective supervisory practices and this training will be aligned with the CFTM training for supervisors. Exhibit L.

CFTM / QSR: The CFTM training and coach development process is underway. Leadership Summits were held in each of the immersion sites on various dates between June 19 – 22, 2017. The first CFTM three-day training sessions were held in July, 2017. In August, 2017, the first of four rounds of coaching for the Master Coaches was conducted and a second round of coaching was scheduled for September, 2017. It was anticipated that by September 29, 2017, the 25 Master Coach candidates would have achieved Coach status and the 25 trained as facilitators would have achieved Facilitator status. Additional training and coaching is scheduled to be conducted in October and November, 2017. It was anticipated that the first 25 Master Coaches would be certified by December, 2017, as well as an additional 75 additional coaches and facilitators. However, after the time period covered by this report, fewer Master Coaches were certified for a variety of personnel reasons. In turn, fewer coaches and facilitators were certified because there were fewer Master Coaches and due to a variety of personnel reasons within the private agencies. In addition, some trained individuals await CWG's approval for certification because CWG determined that further observations would be needed. It is now anticipated that 18 Master Coaches will be certified by December 2017. CWG has agreed that these 18 Master Coaches will be permitted to coach and develop other Facilitators, Coaches and Master Coaches without further CWG approval. In addition 12 of the DCFS training staff will receive special training to be Trainers. Once the Trainers and Master Coaches are fully certified, DCFS will have ability to progressively move this process statewide under the direction of the Master Coaches. Exhibit L.

There were 156 individuals trained in CFTM in July and October, 2017:

Lake County			
Date Trained	Total Trained	Role	Number
7/24/17	26	Admin/Director	10
		Caseworker	9
		Supervisor	2
		Other	5
10/3/17	15	Caseworker	15
Total	41		41
Mt. Vernon			
Date Trained	Total Trained	Role	Number
7/24/17	23	Admin/Director	5
		Caseworker	8
		Supervisor	3
		Other	7
10/3/17	13	Caseworkers	13
Totals	36		36
Rock Island			
Date Trained	Total Trained	Role	Number
7/24/17	26	Admin/Director	2
		Caseworker	9
		Supervisor	6
		Other	9
10/3/17	13	Admin/Director	2
		Caseworker	10
		Supervisor	1
Totals	39		39
St. Clair			
Date Trained	Total Trained	Role	Number
7/17/17	26	Admin/Director	1
		Caseworker	11
		Supervisor	7
		Other	7
10/3/17	14	Admin/Director	1
		Caseworker	8
		Supervisor	3
		Other	2
Totals	40		40

During this reporting period, after revisions of the QSR tool, round one refresher training for the existing QSR reviewers was held on June 1 and 2, 2017. During the month of June, there were four QSR case reviews with mentors, completed in each immersion site, for a total of 16 cases. Paired QSR reviews are occurring each month utilizing the QSR reviewers. In October, 2017 an additional three QSR reviewers have been trained with onsite review occurring with mentors. These reviews with mentor oversight, will determine whether the QSR reviewers are ready for the advanced training. Exhibit L, Appendix B.

Intensive Array of Community/In-Home Services: The contracts for the lead agencies for the intensive array of community/in-home services have been in place since April 2017 and each program is fully operational. The DCFS Clinical Division continues to guide development and implementation of in-home services. Projections for the number of children served are included in each contract. The programs and the number of families engaged in services as of the end of August, 2017 are:

- *Spero Family Services, Mount Vernon.* 50 families engaged in intensive wrap around service or in the nurturing parent in home intensive model as of mid-August.
- *Bethany Family Services, Rock Island.* 19 families engaged.
- *Nicasa Behavioral Health Services, Lake County.* 40 families had been engaged as of August.
- *Lessie Bates Davis Neighborhood House, St. Clair County.* 19 families have been engaged as of August.

Realignment of Office Areas with Illinois Judicial Circuits. The realignment of DCFS local office areas with Illinois judicial circuits will not proceed in light of the extensive work required to reorganize the DCFS field office structure and the need to reach an agreement with the union to which the vast majority of DCFS employees belong.

Decentralization / Structural Change: DCFS continues to expand innovations begun in the immersion sites. The current plan is for CIPP assessment and planning process to be progressively transitioned into the CFTM process as the CFTM training and coaching is implemented. Matching is currently delegated to the immersion sites and the plan is for the matching process for youth in care to be fully integrated into the CFTM process as the CFTM training and coaching proceeds. Children and youth with exceptionally complex disabilities will be matched with centralized clinical and placement support

Approval of requests for Norman housing funds have been delegated to the immersion sites, including the POS agencies.

The Agency Performance Team has been decentralized and is now under the direction of the regions.

In Fall 2016, management for the DCFS Clinical Division, the immersion sites, Placement Matching and CIPP oversight was integrated under Pete Digre, former Associate Director. This led to a significant improvement in increased clinical attention on DCFS's most complex children and youth.

Improved case-flow and day-to-day operational processes by changing rules, policies, practices and operational procedures that have proven to be ineffective or redundant, and which hinder achieving permanency outcomes for children and youth. Numerous process improvements have been made by the immersion sites. This success has led to Acting Director Walker's initiation of an overhaul of DCFS rules and administrative procedures to lessen the burden on front line workers and to make the overall administration of DCFS more integrated.

Examples of results achieved include:

- Norman housing funding approval was delegated to POS case management agencies.
- The 11 page "Matching Tool" was eliminated.
- POS Case Management Agencies were authorized to access the system that tracks the status of adoption and guardianship subsidies.
- A Guardianship fax line for prompt school consents was opened.
- Legal screening for court documents was authorized by telephone avoiding extensive travel.
- Adoption Labs were established to allow caseworkers to complete their adoption and guardianship paper work with the personal direction and assistance of a DCFS adoption expert.
- Foster care and relative care contracts were amended to provide that private providers make reasonable efforts to ensure that a child's case remains assigned to the originally assigned worker whenever possible, including when a child moves from the contracted provider's foster home to residential treatment, emergency foster care, or shelter. When the agency has made reasonable efforts to maintain case continuity, but a case must be transferred, the agency will ensure that all aspects of the case transfer policy are adhered to. POS agencies are now authorized to license DCFS recruited foster homes.
- A reduction in paperwork regarding tracking children's education was achieved.
- Modifying the "percentage of referral opportunities" system by pooling the foster care resources of agencies to allow the best placement to be selected, not necessarily the next placement in the rotation. (Lake County)

The detailed implementation plan for the IV-E Waiver is pending approval by the Administration for Children and Youth. The impact of the IV-E waiver is to give DCFS discretion over the use of these federal funds so they will be a portion of the funding for in-home services along with Medicaid. The IV-E Waiver has made additional funds available for FY 18 which has allowed the expansion of services and training in the Immersion Sites.

3. Goals and Revised Targets:

The goals and revised targets for the next reporting period are:

Reformation of the Immersion Site Roll Out Process: Acting Director Walker takes the position that the interests of youth in care will be best served by reformation of the immersion site roll out process, and the parties and the Expert Panel have had preliminary

discussions consistent with the meet and confer requirement in the Restated B.H. Consent Decree. The parties and the Expert Panel will continue these discussions as a priority during the next reporting period. Acting Director Walker views the current immersion sites as innovation or research and development sites where five or six initiatives are being tested to determine if those initiatives could develop into systemic changes that can be re-created across the entire agency. Acting Director Walker is committed to the process underlying the Implementation Plan of testing various initiatives prior to rolling out a strategy statewide. However, the initiatives in the immersion sites apply only to a small percentage of the children and families served by DCFS while urgent needs continue to exist statewide. While DCFS must continue to work with children and families within existing resources and strategies, the Implementation Plan can be sufficiently flexible and should not constrain DCFS from a wider use of some of the strategies being tested in the immersion sites as the strategies begin to show positive results.

Outcomes: The following outcome goals for the Immersion Sites will be documented in the next report to the Court:

- Safety in care compared to the other non-Cook counties.
- Increased numbers of adoptions, guardianships and family reunifications in the Immersion Sites compared to the other non-Cook counties.
- Decreased median average length of stay in foster care and residential care in the Immersion Sites compared to the other non-cook Counties.
- A reduction in the median days in foster care compared to the other non-Cook counties.
- Improved permanency within 12, 24, and 36 months of entry into foster care.
- Improved placement stability compared to the other non-Cook Immersion Sites.
- Improved child in care well-being as documented in timely EPSDT and dental screenings compared to the other Non-Cook Counties.

Model of Supervisory Practice Training: All POS and DCFS supervisors in the Immersion Sites should be trained in the MoSP.

Child and Family Team Meeting Development of Facilitators, Coaches and Master Coaches: Approximately 100 total facilitators, coaches and Master Coaches will be trained,

including the Certification of 25 Master Coaches who are prepared to train additional facilitators, coaches and Master Coaches. The success of this developmental model will be evaluated and a plan will be completed.

Quality Services Review Evaluation: Eight QSR reviewers will be fully trained and providing QSR reviews. An evaluation of the success of this quality assurance model will be completed and a plan developed to continue the process of engaging in a different process to ensure fidelity to the Core Practice Model.

Intensive Array of Services: Each of the Intensive Array of Services will reach full capacity and an initial evaluation of the family outcomes will be documented.

IV-E Waiver Plan: The IV-E Waiver Plan will be updated to include the changes described in this Four Month Status Report.

Improving Case Flow and Operational Processes: The immersion sites will continue to develop process and case flow simplifications. DCFS will develop plans for statewide implementation for those process improvements which are demonstrated to have the greatest impact.

G. Panel Recommendation #3:

Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnection to their birth families when reaching adulthood. Implementation Plan, pp. 38-42.

1. Project Goals/Target

The goal is to decrease the amount of time of youth spend in care and to increase permanency of youth through guardianship or adoption when youth are unable to reach permanency through reunification with their family. DCFS has pursued two initiatives in

accordance with Panel Recommendation #3: the Fictive Kin/ State Funded Guardianship; and Family Finding. The BH Expert Panel reviewed these initiatives and the decision was made to combine them into one report. Fictive kin and subsidized guardianship were separate initiatives but the decision was made to consolidate these two initiatives, although there will be separate data generated for each for evaluation purposes. Family Finding is geared towards locating relatives and fictive kin to provide support to the family. This can include placement while in foster care or permanency when the child is unable to return home, and reporting on this initiative. Including Family Finding in the report on Fictive Kin and Subsidized Guardianship therefore made sense.

Family Finding and Expanded Subsidized Guardianship/KinGap previously examined the population of youth over 12 years old. The Expert Panel reviewed data for the population of youth over 12 and noted a decline in permanency for those youth. During their review they also noted a delay in permanency for those youth who enter care between birth to three years old in Cook County, compared to the same population located Downstate. The population of youth in care who enter care between birth and three years old in Cook County has seen a decline in reunification after 36 months in care, so it is hoped that with the use of concurrent planning and the focus of either adoption or guardianship can increase permanency for this population in Cook County. At the suggestion of the BH Expert Panel, the younger population, birth to 3 years old, has been added to the pilot, based on the data reviewed in reference to their time in care and obtainment of permanency. Exhibit M, Amended Expanded State Funded Guardianships, Amended Definition of Fictive Kin and Family Finding (SG-HFK-FF) Project July 2017, p. 8.

The interim goals identified in the last reporting period are as follows: tracking placements and outcomes of youth in fictive kin homes to monitor for safety, stability and permanency; training on Procedure 315 to be completed by June 30, 2017; clarification and

completion of business rules and data elements for Fictive Kin, State Funded Guardianship/Kin Gap, and Family Finding; completion of the rulemaking process for Fictive Kin and Expanded State Funded Guardianship; consolidation of Fictive Kin, Subsidized Guardianship, and Family Finding required development of a combined dashboard.

2. Status Report:

There is an increase in permanencies through adoption and guardianship for the targeted population (youth 12 and over as well as youth entering care between birth and age three) as well as statewide from FY 16 to FY 17. There has been an overall statewide increase in permanency for all youth in care via adoptions, FY 16 (12.1%) to FY 17 (14.1%), and guardianships, FY 16 (2.6%) compared to FY 17 (3.4%). Specifically looking at the targeted populations, the following was observed in the data contained in Mindshare. For youth entering care at birth through age 3, 439 youth exited care through adoption in FY 16 compared to 573 in FY 17. Of the youth entering care at birth through age 3, 32 youth exited care through guardianship in FY16 compared to 45 in FY 17. This shows an increase of youth entering care at birth through age 3 who gained permanency through both adoption and guardianship. For youth age 12-17, there were 179 youth who exited care through adoption in FY 16 compared to 224 youth in FY 17. For youth age 12-17, 129 youth exited care through guardianship in FY 16 compared to 143 youth in FY 17. This shows an increase of youth ages 12-17 who gained permanency through both adoption and guardianship. Exhibit M. This is positive data.

ACR reviewers are now required to ask questions to identify if caseworkers have completed Family Finding activities. In addition, ACR reviewers ask a series of question to determine whether older youth will benefit from the expanded state funded guardianship/KinGap; specifically, those older youth who have current independence goals, and those older youth who do not have any identified resources that would lead to permanency.

Rulemaking for DCFS Rules 300, 301, 302, 304, 309, 315, 328, 337, 338, 359 and 402, which includes the updated definition of fictive kin, was filed for publication in the Illinois Register for the required second notice. Rulemaking for DCFS Rule 302.410 which includes the expanded definition of state funded guardianship, was also filed for publication in the Illinois Register for second notice. It is anticipated that the rules will be final in the next reporting period.

Training on revised Procedure 315, Permanency Planning, includes training on the expanded definition of fictive kin. Training has been completed.

3. Revised Targets / Goals:

Dashboard. The consolidation of the fictive kin and subsidized guardianship dashboards was reviewed with the Office of Information Technology and the Expert Panel and the change in business rule to implement the consolidation for the dashboard has been requested. It is anticipated that Mindshare will begin work on those changes by the end of September, 2017.

Evaluator. The lack of an assignment of a program evaluator or university contractual support to this project has continued to be challenging; however Dr. Mark Testa has offered to provide assistance with data and data evaluation. Dr. Testa's inclusion in this process will assist in the proper collection of data and identification of measurable outcomes to assure that there is evidence of the efficacy of this project.

Improving casework and casework supervision. Training on Procedure 315 to improve casework and supervision on permanency planning is expected to result in an increase in reunification, and data on reunification should show this improvement. This data will be reviewed over the next reporting period.

H. Panel Recommendation #4:

Retain an organizational consultant to aid DCFS in "rebooting" a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral or emotional challenges (Implementation Plan, pp. 42-43). Recommendation #4 addresses two points - DCFS reorganization, and "rebooting" stalled initiatives intended to meet the needs of specific youth. DCFS identified two initiatives that needed to be "rebooted." DCFS's reorganization and those two programs – Birth to Three (IB3) and Safe Families for Children (SFC) – are discussed below. In addition, DCFS identified various IT projects, including updating or expanding certain information systems and applications and implementing a data analytics system intended to alert investigators of children at exceptionally high risk of serious harm, as part of its response to this Recommendation. Those projects are also addressed below.

I. Expert Panel Recommendation # 4: Reorganization

1. Project Goals / Target: The Implementation Plan called for DCFS to create a high level unit with cross-organization authority to develop an implementation plan, manage the implementation and resolve system barriers. It also noted that the organizational consultant should evaluate the organizational structure and culture of DCFS; the effectiveness of DCFS' policies, procedures and programs; the effectiveness of DCFS's leadership and managerial structure and function and to assess the supervisory functions of the agency. Implementation Plan at pp. 42-43.

2. Status Report. Beverly J. Walker was appointed Acting Director of DCFS on June 23, 2017 [Dkt. 551 Notice of Substitution of Defendant Pursuant to Federal Rule of Civil Procedure 25(d)]. Acting Director Walker comes to DCFS with a wealth of child welfare and public sector government experience. On September 15, 2017, Mary Nam joined DCFS as the

Associate Director of Strategy and Performance Execution to replace Pete Digre, who retired from DCFS in September 2017. Ms. Nam, who previously served as Chief of Staff and Senior Advisor to the Commissioner for the New York Administration of Children and Families for New York City, will be responsible to oversee the B.H. Implementation plan and the development of a continuous quality improvement system at DCFS. Exhibit N, Mary Nam C.V. Marshae Terry, Program Development Coordinator, B.H. Consent Decree Liaison, reports directly to Ms. Nam and will be responsible for program development. Exhibit O, Marshae Terry C.V.

In September, 2017, DCFS announced a new organizational chart. Exhibit P, DCFS Organizational Chart. On October 24, 2017, Acting Director Walker announced three new appointment to her senior leadership team. Michael C. Jones has been named Senior Deputy Director for Clinical and Child Services with responsibility for the Clinical Practice, Delinquency Services, Child Well-Being, Education and Transition Services, Placement Resources Divisions and the DCFS Medical Director. Janet Ahern, the Acting General Counsel, has been named the DCFS Guardianship Administrator. Shawn Eddings, who previously served in the DCFS Office of Legal Services and was most recently the Area Administrator for Lake County, has been named the DCFS General Counsel. George Vennikandam was named Deputy Director for Operations. Exhibit Q, DCFS Director Announcement October 24, 2017.[2]

3. Revised Targets / Goals: None at this time.

J. <u>Panel Recommendation # 4: Illinois Birth Thru Three (IB3)</u>

1. Project Goals / Target:

The Illinois Birth Thru Three (IB3) is a five-year federal demonstration project that provides two evidence-based interventions, singly or in combination – Child Parent

[2] Former Interim Acting Director Lise Spacapan is now General Counsel to the Governor.

Psychotherapy (CPP) and Nurturing Parenting Program (NPP) – to parents and children in Cook County, regardless of Title IV-E eligibility, in order to reunify children with their parents more quickly and reduce the risk of re-entry to the child welfare system. Implementation Plan, pp. 22-26. DCFS intends to complete the five year federal demonstration project by September 30, 2018, and may seek renewal of the waiver for an additional year. Second Triannual Interim Status Report to the Court. The goal of the federal demonstration project is to reunify children with their parents more quickly and reduce the risk of re-entry to the child welfare system.

2. Status Report: The target number of children to be served through the project is 2,400 and currently 2,005 children have been referred to the project, which includes 78 new cases during the past fiscal year. During Fiscal Year 2017, there were 100 CPP referrals, the most referrals in a fiscal year during the demonstration project. Out of the 179 cases that have been closed across the life of the waiver, 28% have been closed successfully. meaning that the family has achieved progress in the identified treatment goals. Exhibit R, IB3 Four Month Status Report. During Fiscal Year 2017, 55% of the referred participants who were biological parents successfully enrolled by completing the intake process and actually attending sessions for NPP and 76% of the participants who enrolled successfully completed the program by completing the necessary sessions, engaging in home coaching and completing a post services test. Id.

Lack of Engagement by Birth and Foster Parents. DCFS developed an on-site field support program for agencies. The Implementation Support Specialists assist caseworkers and supervisors in effective communications with caregivers. The use of Implementation Support Specialists was helpful, as evidenced by the substantial progress in the NPP intervention for foster parents. At the end of the fiscal year, 50 foster parents completed the NPP program for foster parents by completing the necessary sessions, engaging in home

coaching and completing a post-test during the last fiscal year. DCFS attributes this effort to the Implementation Support Specialists, who focus primarily on engagement of foster parents.

Evaluation. DCFS has contracted with the University of Illinois at Chicago Survey Research Lab (SRL) to evaluate the IB3 program. The unit of analysis for the evaluation is children enrolled in the IB3 waiver in Fiscal Year 2014 and Fiscal Year 15 and SRL began the main study data collection in July 2017.

3. Revised Targets / Goals: The IB3 program is a five-year federal demonstration project that was originally scheduled to conclude in September 2018. DCFS requested and received approval from the United States Department of Health and Human Services for the program to continue for an additional year, and that request was granted and so the program may continue until September 30, 2019. The project will continue to focus on more successful engagement with biological parents and foster parents to improve the number of families that successfully complete the targeted interventions of CPP and NPP. The goal of the federal demonstration project is to reunify young children with their parents and prevent re-entry to foster care.

K. <u>Recommendation # 4: SAFE Families for Children (SFC)</u>

1. Project Goals / Target: The core objectives of SAFE Families for Children (SFC) include deflection of youth from child welfare custody, child abuse prevention, and family support and stabilization by providing host families to parents involved in the child welfare system. Implementation Plan, pp. 44-46. As noted in the First Interim Triannual Report to the Court, the program cannot be evaluated until there are a total of 475 families in the control group and 475 families in the comparison group. Due to low engagement, DCFS has reexamined and modified the process for engaging families in SFC so that the evaluation can be completed. SFC has been in place in northern Illinois for over ten years and was expanded

statewide in October 2015, but even after that participation in the program has lagged behind expectations. Implementation Plan, pp. 44-46.

2. Status Report: From April through August 2017, there were 80 referrals to the project. Forty four of the referrals were identified by the randomizer within the investigation and thirty six of the referrals were identified by the second randomizer at SAFE Families. Exhibit S, Four Month Status Report, SAFE Families. The referrals numbers are on target to meet the goals previously set. DCFS continues to address the issue of sufficient referrals and this was the main focus of the issues during this reporting period. In mid-July, DCFS implemented a process by which an identified DCFS child protection administrator is able to trigger the randomizer within the investigation upon a call from SAFE Families. This process appears to be working since, for the first time, more cases were randomized during the investigation than during the secondary randomizer at SAFE Families. While the secondary randomizer at SAFE Families is still in use afterhours and on weekends, it is no longer the primary source of randomized referrals to the project. This procedure was implemented to address the issue of duplicate assignments and avoid issues with crossover cases and pullback cases. Crossover cases refer to those cases that fall within both the experimental group and the control group. Crossover cases could occur due to multiple assignments or reassignment of cases. Pullback cases are those cases that are assigned to the control group but then "pulled back" because a family member has been located to care for a child or the investigator determines a child must be taken into protective custody.

The SAFE Families dashboard shows promising trends, using aggregate data from the commencement of the program. All downstate sites have lower custody events and lower maltreatment events within the experimental groups. The indication rate for families within the experimental group is also lower overall than the control group. Exhibit S. Families in the

experimental group receive a variety of services from SAFE families, notably a host home for the child and parent mentoring.

3. Revised Targets / Goals: DCFS will continue to monitor the revised referral and allocation process to address concerns regarding the number of referrals to the project, although the recent changes to this process appears to have resolved the referral issue. The referral and allocation process has been centralized through DCFS to eliminate the issue of crossover cases. DCFS will also monitor both crossover cases and pullbacks to continue to develop resolutions should these issues continue.

L. Panel Recommendation # 4: Information Systems

1. Project Goals / Target:

The Implementation Plan requires DCFS to take a number of steps to enhance or replace data systems to generate more timely, accurate and complete data.

Short term goals, with a targeted completion between March and September 2017, include enhancement of the existing SACWIS system to accept educational data provided by ISBE and unusual incident reporting from private agencies, as well as improvements in mobile technology through a mobile application for caseworkers, on-line foster parent licensing application, and a tablet application for licensing site inspections. Implementation Plan, pp. 48-52.

Long-term goals, with a targeted completion date of September 2019 include a feasibility study with recommendations for DCFS to enhance the core case management system (SACWIS) or implement a CCWIS solution and implementation of predictive analytics. Implementation Plan, pp. 48-52. Regarding predictive analytics, DCFS committed to establishing an internal team in OITS to bring reporting needs and data analytics into a centrally managed organization. In the short term, DCFS elected to use Mindshare as the

platform for its data analytics. This product allows DCFS to merge and analyze data from multiple environments and produce reports for more informed decision making in a dashboard format. Ultimately, DCFS intends to establish a statewide enterprise data analytics platform ("Enterprise IT") to reduce reliance on external entities to collect and analyze data to drive outcomes. Implementation Plan, pp. 49-51. Achievement of that goal is not anticipated until December 2018.

2. Status Report:

Replacement of SACWIS: DCFS awarded a contract to the Public Consulting Group, Inc. for the feasibility study to replace the SACWIS system with a CCWIS system. Exhibit T, Four Month Status Report, CCWIS; Exhibit U, Contract with the Public Consulting Group, Inc. Public Consulting Group, Inc. is a nationally recognized firm that specializes in planning the transition of child welfare systems to federally certified systems.

The goal is for the CCWIS feasibility study to be completed by September 30, 2018. The project has a series of seven phases. Phase I is the Initiating phase, which involves the development of a statement of work, initial project risks and various procurement meetings. Phase 2 is the Planning phase and involves the development of a communication plan and project schedule, identification of stakeholders and a policy and procedure compliance review. Phase 3 is the Requirements phase, which requires the development of business requirements and a business flow process and a matrix for managing the requirement documents. Phase 4 is Alternative Analysis and Cost Benefit analysis phase, which requires the completion of a cost-benefit analysis and an alternatives analysis report. Phase 5 is Strategic Implementation phase and requires completion of a feasibility study and recommendation document, a gap analysis document, an architectural design, a technical design and an implementation roadmap. Phase 6 is the Procurement Support Activities phase which involves the development by DCFS, with the

assistance of the Public Consulting Group, of an Implementation Advance Planning Document to the Administration of Children and Families (ACF) regarding the CCWIS system. An Implementation Advance Planning Document is a written plan of action for designing, developing and implementing the CCWIS system which must be submitted and approved by ACF to secure additional federal funding for the CCWIS system. Phase 7, the final phase, is the submission the summary report. Exhibit V, Contract with the Public Consulting Group, Inc.

DCFS did not renew its contract with Five Points Consulting Group.

Mindshare. The contract with Mindshare began in September 2015 and is in place through January 2018. At the present time, DCFS is exploring the possibility of developing a replacement for the Mindshare platform using POWERBI and MS-SQL server engines in house. In preparation for this change, DCFS has acquired the POWERBI product and is in the process of scheduling training for staff on this product. DCFS is also considering an extension of the contract with Mindshare for the dashboards.

Short Term Improvement of Existing SACWIS:

Mobile Applications: DCFS released version 2 of the Case Access mobile app which continues to be in use by DCFS staff.

DCFS also created an on-line licensing application for foster homes. A controlled roll-out of the licensing application commenced in DuPage, Bloomington, McLean, Livingston, Peoria, Tazewell and Woodford counties. DCFS staff continue to work on the controlled roll-out of the licensing application and DCFS has received 38 online applications to date. Exhibit C, Four Month Status Report, IT Projects, p. 4.

Development of the on-line licensing application continues with internal DCFS staff. The current issues include how to address the need for an applicant who completes the on-line application to provide additional required documentation to DCFS for the processing of the

licensing application. The current expectation is for DCFS licensing staff to continue referring potential applicants to the online application at www.fostercare.illinois.gov and make follow up contact after the on-line application is received.

To date, 49 licensing applications have been submitted through the on-line licensing application; 30 applicants did not follow through in response to any follow-up calls or requests for additional documentation, four applications were withdrawn and the remaining applications are in various stages of being processed.

Predictive Analytics

The predictive analytics project developed by Mindshare is up and running and the contract runs through January 2018. DCFS has decided not to expand the predictive analytics project to intact family service cases, but DCFS is implementing a case review process for the intact family service cases. This will incorporate features of the case management review associated with predictive analytics.

3. Revised Targets / Goals:

Replacement of SACWIS. The contract for the CCWIS Feasibility Study has been awarded to Public Consulting Group, Inc. and is in place. The CCWIS Feasibility Study is due to be completed in June 2018.

Short-Term Improvement of Existing SACWIS. The technical work to create a link to individual child data from ISB in SACWIS was started in October 2017. Due to unanticipated technical issues with the web programming interfacing in October, the process will need to be completed in early November 2017. After the November work has been completed, a link will be available in an individual youth's SACWIS case that will allow caseworkers and supervisors access to a youth's ISBE Student Profile Report for individual students to be saved or printed. Exhibit C, Four Month Status Report, IT Projects.

Mobile App for Caseworkers. By the next reporting period, DCFS will have developed and implemented a plan for identifying caseworkers who are not using the mobile app and for providing the additional support those caseworkers need to adapt to this changed technology. In addition, DCFS will develop a process for evaluating whether supervisors' practices should be modified as the new technology is routinely used in the field. DCFS uses a computer application to monitor progress and other issues.

Mobile App for Licensing. Prior to the development of any statewide roll-out, DCFS is exploring adding additional forms to the on-line application process to expedite the processing of the application. Under the current process, an on-line applicant must be sent additional forms to be completed once they have completed the initial on-line application. Adding the additional forms on-line will allow the applicant to complete all the required forms at one time and will expedite the licensing process. A determination regarding the ability to add additional documents to the on-line application needs to be made before a statewide roll-out plan is developed.

Predictive Analytics. DCFS did not expand the predictive analytics program to intact family services. The Mindshare contracts began in September 2015 and will be in place until January 2018. The Implementation Plan contemplated that Mindshare would provide short term transitional assistance in developing dashboards to view key outcomes in real time and DCFS continues to explore options to bring this function in-house.

M. <u>Panel Recommendation #5:</u>

Restore funding for the Illinois Survey of Child and Adolescent Well-Being (ISCAW) that uses standardized instruments and assessment scales. Implementation Plan, p. 53.

1. Project Goals / Target: The Implementation Plan contemplated restoration of funding for the ISCAW well-being study. Implementation Plan, p. 53.

2. Status Report: During this reporting period**, t**he study methods for were finalized, including sampling procedures, informed consent procedures and final choice of all instruments and other data collection methods. The study protocol was submitted and approved by the institutional review boards of the University of Illinois at Chicago, the University of Illinois at Urbana-Champaign and DCFS. Exhibit V, Four Month Status Report, ISCAW.

3. Revised Targets / Goals: Data collection is scheduled to begin in October 2017. Data analysis is currently scheduled to begin in April 2018, A brief initial report is anticipated to be completed by the end of Fiscal Year 2018.

N. <u>Panel Recommendation #6:</u>

Develop and implement a new plan for monitoring residential and group home programs, utilizing external partners. (Implementation Plan at p. 53).

1. Project Goals / Target: The goals set out in the Implementation Plan were for DCFS, with the University of Illinois at Chicago and Northwestern University, to develop a redesigned residential monitoring program, the goal of which is to increase the safety and well-being of youth placed at residential treatment facilities and to enhance the effectiveness of the residential services provided at the residential treatment facilities. As described in the Implementation Plan, the program called for development of regional multi-disciplinary monitoring teams that would assess residential programs' effectiveness utilizing multiple data sources and inputs. Residential monitoring teams were to have been identified and training was to have begun by December 2016. Implementation Plan, Exhibit YY [Dkt. 531-51]. DCFS partnered with Northwestern University and the University of Illinois at Chicago to develop an improved monitoring system, the Therapeutic Residential Performance Management Initiative (TRPMI). Chapin Hall was selected as the evaluator for this initiative.

The TRPMI pilot is designed to enhance youth treatment, progress and well-being as well as to effectively monitor, evaluate and promote therapeutic residential program effectiveness,

2. Status Report: A comprehensive plan for TRPMI was developed and three TRPMI pilot teams are in place in the Northern, Southern and Cook regions. Exhibit W, Four Month Status Report, Monitoring Residential and Group Homes, April – July 2017. DCFS executed a contract with Northwestern University and UIC for certain external positions for the TRPMI pilot and with Chapin Hall as the evaluator.

Staffing. The hiring of staff for the all the TRPMI teams was expected to be completed by June 30, 2017. The hiring of all staff for the pilot teams has not yet been completed and continues to be a challenge. During the pendency of hiring full time staff, DCFS assured coverage of the clinical specialist positions by utilizing internal DCFS to fulfill the role. The teams consist of the following positions:

Team Positions	**Southern Team**	**Northern Team**	**Cook Team**
Statewide Manager	*Karen Sneade* (UIC)		
Statewide QI Specialist	*TBD* (Northwestern)		
Data Systems Development Specialist	*Chris Davidson* (Northwestern) .5 FTE		
Team Coordinator	Ashley Albrecht (DCFS) – **leaving in October 2017**	Eric Smith (DCFS)	*Chuck Redeker* (UIC)
Team Monitor	*Kimberly Newsome* (DCFS)	*Ava Jernigan* (DCFS)	*Debra McGee* (UIC)
	Bill Tourville (DCFS)	*Dortha Nickens* (DCFS)	*Damen Trice* (UIC)
Clinical Specialist	Linda Karfs (Northwestern) .5 FTE	*Pamela McQuaid* (Northwestern)	*Sue Devereux* (NW)
	TBD (Northwestern)	TBD (Northwestern)	*Deanna Hall* (NW)
QI Specialist	TBD (Northwestern) .5 FTE	TBD (Northwestern) 1 FTE	

= Current vacancies (Northwestern contract)

The TRPMI teams currently have the following vacancies for the external positions:

- Statewide QI Specialist – 1 Full Time Employee (FTE)
- Clinical Specialist- 2.5 FTE
- QI Specialist – 1.5 FTE
- Data Systems Development Specialist - .15 FTE

The vacancies in the external positions exist for several reasons. During the summer months, because of indications that two of the team coordinator positions, which are staffed by DCFS employees, would become vacant, TRPMI staff requested that the team coordinator positions be filled with external personnel. TRPMI staff was also considering options for restructuring the pilots and the restructuring was going to require additional external headcount. On July 14, 2017, DCFS informed TRPMI staff that the six vacant external positions should be filled, that team coordinator positions would remain DCFS employees, in order to allow DCFS to build internal capacity, and that the decision on additional external positions was on hold pending pilot results after the filling of the already existing vacancies.

During the last reporting period, DCFS provided internal DCFS staff to the support the TRPMI teams. This staff included three full time DCFS clinical staff; one retired DCFS employee (who was previously employed as a residential monitoring manager), who worked on the pilot on a 75 day contract; five part time, contracted Clinical Psychologists; two part time data staff (one staff member who worked only through June) and one part time data staff with whom DCFS individually contracted, who were all assigned to the TRPMI pilot.

Step-Down and TRPMI Involvement in Child and Family Team Meetings (CFTMS). The goals of the TRPMI pilot include identifying youth who are ready or approaching readiness for discharge, improving the step down planning process and promoting the development of the CFTM as the staffing process that drives discharge planning for youth.

During this reporting period, TRPMI staff participated in 91 CFTMs. The CFTMs attended by TRPMI staff were frequently not conducted consistently with the new DCFS CFTM model. Additionally, significant TRPMI resources were devoted to working on individual cases in order to get services and placements in place. Exhibit W.

Communication Protocol and Youth Advisory Council. Implementation of the Communications Protocol and the engagement of a youth advisory council were temporarily postponed until additional staff were hired for the TRPMI pilot teams.

Identification of Systemic Barriers and Plans to Address those Barriers. The TRPMI pilots continue to identify and encounter systemic barriers that impede the progress of the pilot and have historically impeded the efforts of traditional monitoring teams. These issues include lack of community based resources, supports and services, staffing shortages, lack of an adequate data system and training issues for monitoring and residential staff. To address these systemic and historical issues, TRPMI will track and analyze recurring system related barriers that impact the ability of youth to step-down from residential treatment facilities, including the availability of placements and community based supportive services.

Another systemic barrier identified by TRPMI is a lack of residential treatment options for the most challenging youth with severe mental health, behavioral problems and increasingly, juvenile justice involvement. These service deficits lead to an increasing number of placements of youth in out of state placements and youth going through a revolving door of residential placements which may lead to unsafe conditions in residential programs. TRPMI is surveying states, such as New Jersey, that have mature systems of care, with the hope of providing findings and recommendations.

Another system issue involves delays in matching and placing youth to foster care placements when they are ready to step-down from a residential treatment facilities. This barrier

results in youth being placed in residential treatment facilities for long periods of time, a situation that often to an exacerbation of behavioral issues. A recent TRPMI report found that resources, including placement resources, are a barrier for roughly 60% of youth ready for discharge from a residential treatment facility.

There are sixteen residential agencies currently involved in the TRPMI Pilot. Eight of those agencies require either enhanced or intensive levels of monitoring intervention. Two agencies improved their status during this reporting period and two agencies required more intensive attention. The TRPMI teams continue to devote significant resources to these agencies.

Agency Monitoring Plans					
Team	Agency	Census 8/14/17	Regular Monitoring	Enhanced Monitoring	Intensive Monitoring
Cook	CHASI Rice	35	XX		
	Ibukun	5	XX		
	Lawrence Hall	39		XX	
	Thresholds	25	XX		
	UCAN	69		XX	
Northern	Allendale	62		XX	
	Arden Shore	8	XX		
	Little City	15		XX	
	Lutherbrook	3		XX	
	One Hope United	10		XX	
Southern	Catholic Children's Home	8		XX	
	Egyptian - Circle of Hope	Program Closed			
	Five Star Industries	3	XX		
	Hoyleton	42	XX		
	One Hope United Hudelson	31	XX		
	Spero	15	XX		
	St. John Bosco	26		XX	
	TCI	36	XX		

During the initial stages of the pilot, there is one preliminary proximal outcome of interest. Exhibit W. This figure shows that during the pre-TRPMI implementation period between January 2008 and March 2016, the non-TRPMI program groups, on average, had a significantly higher rate of substantiated investigations than the TRPMI program groups. There appears to be a lower rate of substantiated child abuse and neglect investigations for program groups in the TRPMI pilot sites and while the rate of substantiated investigations for both programs in the TRPMI pilot and programs not in the TRPMI pilot were on an increase, the programs not in the TRPMI pilot rose at a greater rate. Exhibit W.

Dashboard/CASII (Child Adolescent Services Intensity Instrument)

A CASII roster page providing an at-a-glance view of all youths' CASII scores, recommended service level, and recommendations on level of care is complete and in use. This data is used to support discharge planning for youth entering residential treatment. As part of this process, TRPMI staff can determine if recommendations are addressed and implemented, establishing accountability and prompting Child and Family Team Meetings. TRPMI will be systematically assessing fidelity of the CASII and the discharge planning process.

The Mindshare dashboard for youth in congregate care is complete. Some data from that dashboard are being used to update the TRPMI Sharepoint site.

Program Evaluation. During this reporting period, the evaluation plan for TRMPI has been modified. The initial evaluation plan used a cross-sectional pre-test/post-team design for a calendar year (2016) defined as the baseline year (pre-test) and another calendar year (2018) defined as a post-test year. However, due to the changes in monitoring residential treatment facilities, the evaluation plan has been changed to an interrupted time series design. An interrupted time series design allows the evaluators to better control for changes over time that may be independent of the TRPMI intervention. This design also allows more flexibility in

defining a baseline point or points, which allows for a more accurate reflection of various implementation milestones, such as hiring of all clinical staff. The change has been approved by the TRPMI Steering Committee and the Expert Panel.

3. Revised Targets / Goals:

Staffing. Several qualified candidates for the Clinical Specialists have been identified and it is anticipated the employment offers will be made to those candidates. Other key positions that are filled include the Quality Improvement Specialists, who will serve as the collector, integrator and disseminator of the quantitative and qualitative data that is collected, and Data Systems Development Specialist, who will support TRPMI in the initial implementation and development of data collection and reporting, who will be working on less than full time. There remains room in the contract for the hiring of an additional data person.

Step-Down and TRPMI Involvement in CFTMs. There was an increase in the number of CFTMs that TRPMI staff attended during this reporting period.

Dashboard. The CASII data collection function is in use and the congregate care dashboard is also in use. DCFS has provided data staff support beyond the currently approved TRPMI contract. DCFS approved a request to allow OITS staff to assist with the development of a Structured Query Language (SQL) relational database management system as this system will ultimately support monitoring efforts statewide.

Program Evaluation. The evaluation has been modified. The current evaluation plan is for an interrupted time series design that accounts for changes in implementation over the course of the study. Members of the evaluation team are participating in an ad hoc workgroup with the Implementation Sub-committee to refine, organize, and link study activities to measurable outputs. At this time Chapin Hall is unable to test for statistical differences or draw conclusions about the effectiveness of the pilot.

IV. Communication Plan: Implement a Defined Communication Plan with the B.H. Expert Panel and Plaintiffs' Attorneys. (Implementation Plan, p. 55).

1. Progress Goals / Target: A Communication Plan, entered by the Court on September 28, 2016 [Dkt. 530], provides for bi-weekly conferences with the Expert Panel and the Parties, during which the pilots and programs identified in the Implementation Plan are discussed. The plan provides for DCFS to provide a monthly report to the Expert Panel and Plaintiffs' Counsel which details the specific steps that have been taken in actual implementation of each initiative set forth in the Implementation Plan, the actual results achieved, any barriers that exist and strategies to eliminate or resolve the barriers, and an evaluation of program results. The Plan also provides for DCFS to make efforts proactively to share information "beyond that which directly relates to the specific initiatives described in the Implementation Plan" that nevertheless is significant. DCFS will continue in its efforts to comply with all requirements of the Communication Plan.

2. Status Report: During this reporting period, all required telephone conferences and meetings have been held and monthly reports have been produced and posted on a Sharepoint site to which the parties and the Expert Panel have access. Regular Tuesday bi-weekly calls were held. The purpose of these calls was for the DCFS project managers to provide regular updates on the pilot projects in the B.H. Implementation Plan. Generally, attendees included the project managers, some of the evaluators, other DCFS employees, the Expert Panel members and Plaintiffs' counsel. There are in excess of 40 regular participants. The expectation was the each project manager would provide an update on their pilot and discuss barriers and problems. At times, at the suggestion of the Expert Panel, the Expert Panel members would provide "coaching sessions" for various project managers who would go through their projects in

great detail. In addition, there are regular bi-weekly teleconferences with the parties and the Expert Panel. The Expert Panel routinely prepares an agenda for these calls.

There continue to be instances in which the Experts and the Plaintiffs have flagged a potential problem or issue and have asked questions, and DCFS makes its best effort to provide timely responses.

3. Revised Targets / Goals: DCFS will continue in its efforts to comply with all requirements of the Communication Plan. DCFS has modified the format for the bi-weekly meetings to focus on one or two of the major pilots, with attendees limited to those individuals involved in those specific pilots to encourage an uninhibited discussion of each pilot. This new process will be reported on in the next triannual report to the Court.

V. Project for a Target Group of Children and Youth/Enhanced IPS Program Beyond Medical Necessity Pilot

1. Progress Goals / Target: The Enhanced Intensive Placement Stabilization Program/Beyond Medical Necessity pilot was designed to provide immediate services to stabilize youth in a home setting after a psychiatric hospitalization. The current pilot provides a consultant that works with the entire treatment team, including the family where the youth is placed, the caseworker, the school and other therapeutic providers, to connect the family with intensive community-based services and resources to support the youth and family in order to maintain the placement and prevent future hospitalizations. The pilot is designed to serve up to 50 youth in care from Cook County placed in a psychiatric hospital whose prior placement was in a foster home in Cook County or who is recommended for a placement in a foster home in Cook County after an Emergency Hospital Staffing (EHS). DCFS and Kaleidoscope can decide jointly to expand the capacity of the pilot with additional funding.

2. Status Report:

As originally conceived, the pilot population was defined as youth determined to be beyond medical necessity in a psychiatric hospital. Based on the experiences of the three youth initially served, it was determined that an intervention prior to the clinical readiness to discharge date would be more useful. The Placement Stabilization Consultants are now invited to the Emergency Hospital Staffings (EHS) in Cook County for youth who are in a psychiatric hospital to permit a better exchange of information about the intervention and the youth. An Emergency Hospital Staffing is similar to a CIPP and includes the participation of DCFS Clinical personnel. The EHS is a term of art used for staffing youth in psychiatric hospital settings. The three possible outcomes for the EHS where the Placement Stabilization Consultant participates are: 1) home based services are recommended and the assigned agency will agree to have Kaleidoscope provide the pilot programming through the Placement Stabilization Consultant; 2) home based services are recommended and the assigned private agency is not willing to have Kaleidoscope provide the pilot programming; or 3) home based services are not recommended for the youth.

A timeline has been developed for services for this pilot as well. Once a youth has been accepted for the pilot, within the first 30 days, the Placement Stabilization Consultant will schedule an initial home visit with the caregiver for a psycho-education assessment, schedule a CFTM, complete a CANS and the Enhanced IPS assessment and develop service recommendations for distribution to the case agency and other providers working with the youth and family. Exhibit Y, Enhanced IPS Assessment; Exhibit Z, Enhanced IPS Service Timeline. During the next 90 days, the Placement Stabilization Consultant will have weekly contact with the caseworker and other collaterals, have bi-weekly contact with the caregiver and ensure that a CFTM takes place every month or six weeks based on the family's needs.

DCFS has a process to provide enhanced board payments for caregivers of youth assigned to the pilot where necessary even if the private agency does not have a specialized foster care contract.

Hiring. A second Placement Stabilization Consultant started in September 2017. The Placement Stabilization Consultant hired in May 2017 attended the three day Child and Family Team Training in July 2017. Exhibit X, Four Month Status Report, Target Group of Children and Youth in Psychiatric Hospitals that are at Risk to Become Beyond Medical Necessity Pilot.

Children Served. Ten youth have been assigned to the project since its inception. The goal of the pilot is to serve 50 youth.

Evaluation. An evaluator has not yet been identified for the pilot, but DCFS continues to explore Chapin Hall as an option.

The evaluation will involve a random comparison of a control and experimental group. DCFS originally anticipated formalizing the evaluation by July 1, 2017. The original plan for identifying youth to be assigned to the pilot was based on the last digit of the youth's DCFS ID number and the day that the youth's CIPP or staffing occurs. DCFS attempted to modify this by identifying the control group as youth referred for an EHS on a Tuesday and with a DCFS ID ending in an odd digit and the comparison group (treatment as usual group) would include youth referred for an EHS on a Tuesday and has a DCFS ID ending in an even digit. This method, however, did not result in sufficient referrals to the pilot. Given the insufficient number of referrals, a revised method for identifying a comparison and control group is currently under discussion.

3. Revised Targets / Goals

Hiring. DCFS requested that the recently hired Placement Stabilization Consultant attend the Child and Family Team training scheduled for October 2017. The goal remains for Kaleidoscope to hire additional Placement Stabilization Consultants. The goal is for Kaleidoscope to maintain current staffing patterns through this reporting period. DCFS will utilize Northwestern University to provide CANS comparison and comparison reports for the pilot and comparison groups.

Dashboard. DCFS originally planned to have the dashboard completed during this reporting period. However, since there are ten youth currently assigned to the pilot, and the plan is to add five to ten youth as each Placement Stabilization Consultant is hired by Kaleidoscope, DCFS is able to use the Psychiatric Hospital Database to track information for this pilot.

During the next reporting period, DCFS will be working with Kaleidoscope's Quality Assurance Division to develop a system for tracking the frequency of Child and Family Team meetings and CANS scoring. Northwestern University will provide CANS scoring and reports which will include the control group population. DCFS will also be re-considering the necessity of developing a dashboard for this pilot and a timeline for the development of that dashboard should it be necessary.

Pilot Completion and Evaluation. The pilot will remain in effect until June 30, 2019. During this reporting period. DCFS worked with Chapin Hall to identify a control and comparison group in order to ensure a method to identify sufficient youth for the control group. Given the focus on developing a method for identification of a control group, DCFS did not identify an evaluator for this pilot during this reporting period; however the evaluation goals and objectives will be a priority for this next reporting period.